MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/579435** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	/		
2				/		
3		/		/		
4		/		/		
5		/		/		
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TOTAL IND.						
TOTAL DEP.		12				
TOTAL CLAIMS		12				

PTO - 1360 (REV. 11/94)

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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